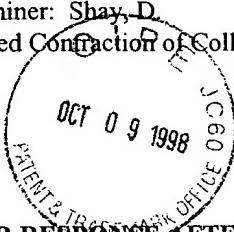


IN THE UNITED STATES

PATENT AND TRADEMARK OFFICE

In re application of: Sharkey, Hugh; Fanton, Gary
 Serial No.: 08/714,987 Group No.: 3736
 Filed: 09/17/1996 Examiner: Shay, D.
 For: Method and Apparatus for Controlled Contraction of Collagen Tissue

Box AF
 Assistant Commissioner for Patents
 Washington, D.C. 20231



I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231, on OCTOBER 3, 1998.

Sedlacek
 Signature
 10/13/98 Date

AMENDMENT OR RESPONSE AFTER FINAL REJECTION—TRANSMISSION

1. Transmitted herewith is an amendment after final rejection (37 C.F.R. 1.116) for this application.

STATUS

2. Applicant is a small entity. A statement was already filed.

EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply. Applicant petitions for an extension of time under 37 C.F.R. 1.136 (fees: 37 C.F.R. 1.17(a)(1)-(4)) for one month:

Fee: \$55.00

FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

(Col. 1)	(Col. 2)	(Col. 3) SMALL ENTITY
Claims Remaining After Amendment	Highest No. Previously Paid For	Present Extra Rate Addit. Fee
Total 29	Minus 44	= 0 x \$11 = \$0
Indep. 2	Minus 3	= 0 x \$41 = \$0
First Presentation of Multiple Dependent Claim		+ \$135 = \$0
	Total Addit. Fee	\$0

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3,

** If the "Highest No. Previously Paid For" IN THIS SPACE (Column 2, Row 1) is less than 20, enter "20".

*** If the "Highest No. Previously Paid For" IN THIS SPACE (Column 2, Row 2) is less than 3, enter "3".

The "Highest No. Previously Paid For" (Total or Indep.) is the highest number found in the appropriate box in Col. 1 of a prior amendment or the number of claims originally filed.

No additional fee for claims is required.

FEE PAYMENT

5. Charge Account No. 23-2415 the sum of \$55.00. A duplicate of this transmittal is attached.

FEE DEFICIENCY

6. If any additional extension and/or fee is required, charge Account No. 23-2415. If any additional fee for claims is required, charge Account No. 23-2415.

Date: 10/11/98

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